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| <b>PATIENT</b>              | <b>PRESENTING CLINICAL SIGNS</b>  |
| Bron McFarguhar             | History: gastroenteritis  |
| <b>SPECIES</b>              | <b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>  |
| Canine                      | <b>Urinary System</b>   |
| <b>BREED</b>                | Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.  |
| Mastiff Mix                 | Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.  |
| <b>SEX</b>                  | Left kidney is normal is size (6.21 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.  |
| Neutered male               | Right kidney is normal is size (5.64 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.   |
| <b>AGE</b>                  |   |
| 3 years                     |   |
| <b>WEIGHT</b>               | <b>Adrenal Glands</b>   |
| 63.5 lbs                    | Left adrenal gland is normal in size (3.0 cm long, 0.86 at cranial pole and 0.69 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.  |
| <b>INTERPRETED BY</b>       | Right adrenal gland is normal in size (2.4 cm long, 1.3 at cranial pole and 0.65 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.  |
| Beth Johnson, DVM<br>DACVIM |   |
| <b>IMAGING PERFORMED BY</b> | <b>Spleen</b>   |
| Jenn                        | Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.  |
| <b>HOSPITAL NAME</b>        |   |
| Rockaway AH                 |   |
| <b>REFERRING VET</b>        | <b>Liver</b>  |
| Dr. Maniar                  | Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion. |
| <b>INVOICE</b>              | Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.  |
| 39597                       |   |
| <b>DATE</b>                 |   |
| 9/24/22                     |   |



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| <b>PATIENT</b>              | <b><i>Gastrointestinal</i></b>   |
| Bron McFarguhar             | The visible stomach wall is normal in thickness and layering. The lumen of the stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.  |
| <b>SPECIES</b>              |  |
| Canine                      | The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.  |
| <b>BREED</b>                |  |
| Mastiff Mix                 | The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.   |
| <b>SEX</b>                  |  |
| Neutered male               | <b><i>Pancreas</i></b>   |
|                             | The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.   |
| <b>AGE</b>                  |  |
| 3 years                     | <b><i>Free Abdomen</i></b>   |
| <b>WEIGHT</b>               |  |
| 63.5 lbs                    | There is no evidence of free peritoneal effusion noted in these images.<br>There is no apparent lymphadenopathy noted in these images.   |
| <b>INTERPRETED BY</b>       | <b>ULTRASONOGRAPHIC FINDINGS</b>   |
| Beth Johnson, DVM<br>DACVIM | <b>Primary Findings</b>  |
|                             | This is an unremarkable/normal abdomen with a full stomach that is presumed to be post prandial.   |
| <b>IMAGING PERFORMED BY</b> | <b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>   |
| Jenn                        | Other than overall metabolic health assessment with CBC, chemistry panel, electrolytes and urinalysis if the vomiting/diarrhea are chronic then recommendations include a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function. However, if they are acute then medical supportive/symptomatic therapy of parasitic disease or gastroenteritis is recommended with an empirical 5 day course of Panacur to deworm followed by anti-emetics, gastroprotectants +/- probiotic if diarrhea is present. If the clinical signs do not resolve and/or progress recheck imaging of a fasted/empty stomach is recommended or upper GI endoscopy can be considered alternatively. |
| <b>HOSPITAL NAME</b>        |  |
| Rockaway AH                 |  |
| <b>REFERRING VET</b>        |  |
| Dr. Maniar                  |  |
| <b>INVOICE</b>              |  |
| 39597                       |  |
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| 9/24/22                     |  |



**PATIENT**

Bron McFarguhar

**SPECIES**

Canine

**BREED**

Mastiff Mix

**SEX**

Neutered male

**AGE**

3 years

**WEIGHT**

63.5 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

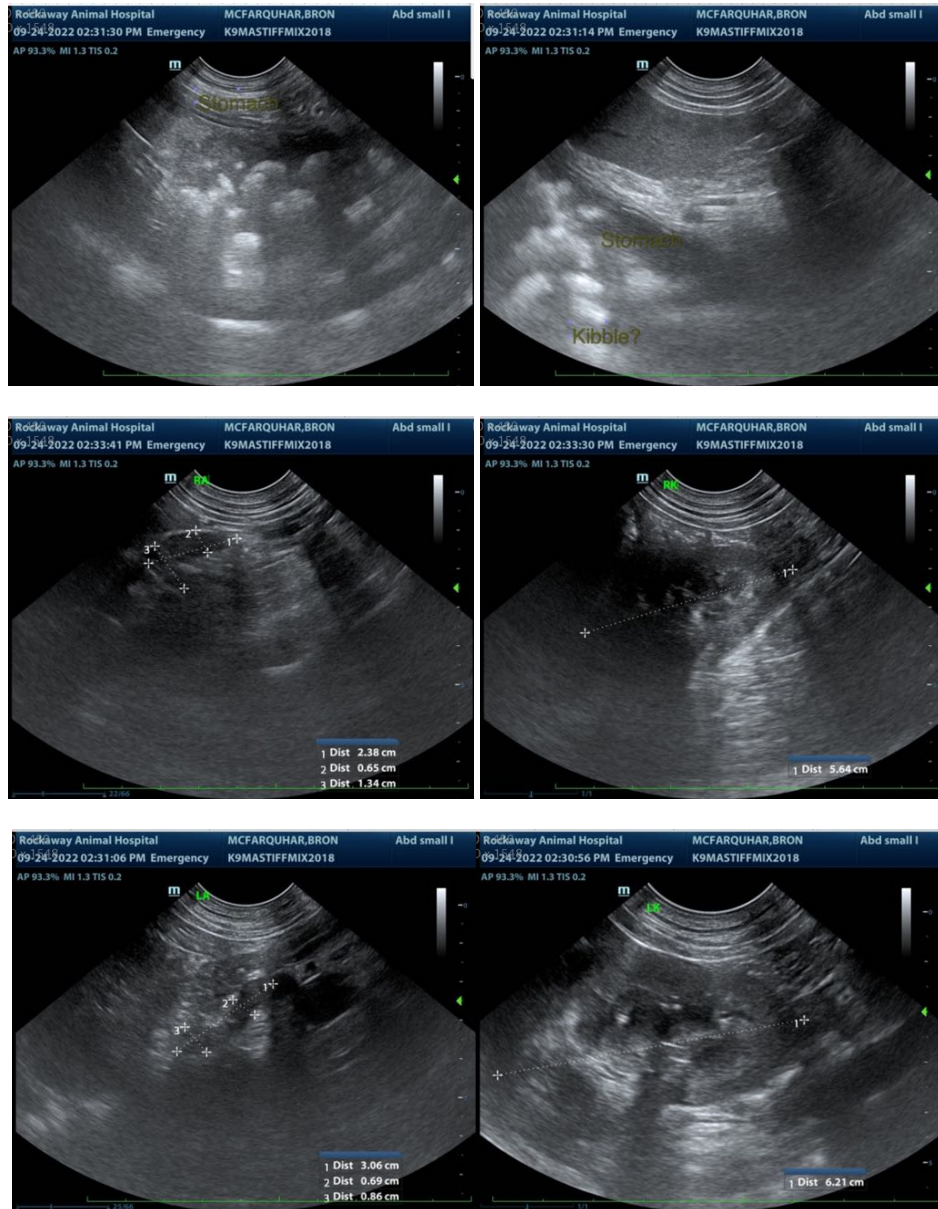
Dr. Maniar

**INVOICE**

39597

**DATE**

9/24/22



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**Beth Johnson, DVM DACVIM**

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